

RECEIVED

2011 MAY 19 PM 3:53

SENATE OF PA
SECRETARY'S OFFICE



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE PENNSYLVANIA HISTORICAL AND MUSEUM COMMISSION

May 19, 2011

To the Honorable, the Senate
of the Commonwealth of Pennsylvania:

In conformity with law, I have the honor hereby to nominate for the advice and consent of the Senate, Susan Corbett, 107 Spruce Drive, Glenshaw 15116, Allegheny County, Fortieth Senatorial District, for appointment as a member of the Pennsylvania Historical and Museum Commission, to serve until the third Tuesday of January 2015, and until her successor is appointed and qualified, vice Kathleen A. Pavelko, Mechanicsburg, whose term expired.

A handwritten signature in black ink that reads "Tom Corbett".

TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME	FIRST NAME	MI	SUFFIX
	C o r b e t t	S u s a n	M	

02 ADDRESS _____ City Harrisburg State PA Zip Code 17102 Area Code (717) Phone 787-8950

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor

B Nominee C Public Official (Former) D Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held

A C o m m i s s i o n e r seeking hold held

B M e m b e r seeking hold held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A P A H i s t o r i c a l & M u s e u m C o m m

B P A C o u n c i l o n t h e A r t s

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Not employed

07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated: 2010

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name _____ Address _____

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name Gettysburg Foundation Address Baltimore Pike
Gettysburg, PA 17325

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Blank Rome Value of Gift \$ 000.00

Address of Source of Gift ONE LOGAN SQ. 130 N. 18TH ST. PHILADELPHIA, PA Circumstances (including description) of Gift TICKET - ACADEMY OF MUSIC BALL

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) _____ Value 0

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Gettysburg Foundation Address Baltimore Pike, Gettysburg, PA 17325 Position Held Vice President of Programs and Development

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business _____ Interest Held _____

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) _____ Interest Held _____
Transferee (Name and Address) _____ Relationship _____
Date Transferred _____

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature Susan Corbett Enter Current Date 5-26-2011

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECEIVED
2011 JUN -2 PM 4:03
SECRETARY'S OFFICE
OFFICIAL USE ONLY